DRAFT: The Medicine That Was Taken Away:

Pharmaceutical Harm, Plant Medicine, and the Erasure of a Healer's Identity

A Record of Clinical Harm, Cultural Erasure, and the Restoration of Truth

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Context: Administrative correction of 2019 PHF record; cannabis use disorder designation

Preamble: What This Document Is

This document exists at the intersection of clinical record, cultural testimony, and identity reclamation. It is written by a woman who spent over a decade on psychiatric medications for a condition she did not have, who turned to plant medicine when those medications failed her body, and whose use of that plant medicine was subsequently entered into an official record as a disorder — without consultation with her prescribing physician, without cultural competency review, and without reference to the integrative healing framework in which it was embedded.

It is also written by a woman who does not claim the title of healer. In the Hawaiian tradition and in the Slovenian mountain tradition from which she descends, one does not name oneself. The earth names you. The community names you. You simply do the work — you heal yourself first, then you hold space for others to do their own work. On Turtle Island, where her body was raised and where the lands have fed her systems of understanding, this knowing is not metaphor. It is methodology.

What follows is the clinical record of what was done to this body in the name of treatment, what actually helped it, and why the pathologization of plant medicine is not only a clinical error but an act of cultural erasure.

Part I — The Pharmaceutical Record

What Was Prescribed, What It Did, and What Stopped When It Stopped

From approximately 1997 to 2012, I received psychiatric treatment at Sansum/Sutter Health under diagnoses that were internally contested by the providers themselves. One attending psychiatrist explicitly noted I was not bipolar. The primary documented

conditions were PTSD, Dissociative Identity Disorder, and depressive episodes — yet the treatment regimen was designed for schizoaffective and bipolar disorder. This diagnostic mismatch is the foundation of the harm that followed.

What follows is the clinical record of each medication, its documented side effects in my case, and the specific harm it caused to a body that did not have the condition being treated.

Medication	Prescribed For	Documented Side Effects	Harm to a PTSD/DID Body
Risperdal (Risperidone)	Psychosis / bipolar	Bilateral galactorrhea (spontaneous nipple discharge); required MRI and pituitary workup	Dopamine suppression blunts emotional range needed to process trauma. Chemical flatness mimics stability while preventing healing.
Depakote (Valproate)	Bipolar mania (not present)	Hair loss, tinnitus, excessive gas, weight gain, cognitive dulling, cogwheeling (motor rigidity)	Every side effect, zero therapeutic benefit. No mania to prevent. Pure loss.
Seroquel (Quetiapine)	Sleep / agitation; 25–400mg	9–12 hours sleep, weight gain, dysphoria, uncomfortable body sensations around midnight	Metabolic syndrome risk, insulin resistance. Sedation masks rather than resolves trauma. Integration work impossible under chemical sedation.
Geodon (Ziprasidone)	Bipolar transition	Severe nightmares at 40mg; discontinued	Nightmares in a PTSD body are not minor. They reactivate the trauma system. This medication actively worsened PTSD.
Lamictal (Lamotrigine)	Bipolar mood stabilization	Nausea, dizziness, cognitive dulling at 100mg; neck pain. Risk of Stevens-Johnson syndrome (potentially fatal rash)	Life-threatening risk for a condition she may not have had. Cognitive dulling cost her functioning, creativity, sense of self. She noted clarity improved when dose was reduced. It shut down access to DID for the most part.
Celexa (Citalopram)	Depression	Discontinuation syndrome: nausea, dizziness, headache, weight gain putting stress on her dance career, image, and also, her joints in that the work was highly athletic.	SSRIs can activate dissociative states in trauma patients. Emotional blunting interferes with parts-based communication and DID integration work.
Lorazepam / Ativan	Acute crisis 2003–2004	Sedation; advised not to drive	Benzodiazepines interfere with consolidation of traumatic memories. Contraindicated for long-term PTSD treatment.

Abilify (Aripiprazole)	Mixed state / agitation	Possible orobuccal dyskinesia captured on video — potential tardive dyskinesia (permanently irreversible neurological movement disorder)	Possible permanent neurological damage from yet another antipsychotic prescribed without psychotic disorder.
Wellbutrin XL (Bupropion)	Depression 2008–2010	Constipation. Stopping it caused no deterioration, suggesting minimal benefit.	Activating medication increases norepinephrine and dopamine — can increase anxiety and hyperarousal, already hallmarks of PTSD.
Lunesta (Eszopiclone)	Insomnia	Dependence risk with prolonged use	Addresses symptom (insomnia) without addressing cause (trauma-related hyperarousal). Dependence risk.

The Cumulative Picture

At peak, this body carried simultaneous regimens of Seroquel + Depakote + Celexa + Lorazepam, and later Lamictal + Abilify + Wellbutrin + Deplin + Lunesta + Seroquel PRN. This polypharmacy, applied to a body with PTSD and DID rather than bipolar or schizoaffective disorder, represents a significant and documented pharmacological burden — multiple medications, each carrying its own risk profile, none addressing the root condition.

> *What happened when I stopped everything in June 2012: my headaches improved. My cognitive clarity improved. I was doing well at the last recorded visit in January 2013. That outcome is its own form of documentation.*

Named Plainly: What This Was

The clinical framing above is accurate and necessary. But it must also be named plainly.

For over a decade, a body with PTSD and DID — a body that had survived complex trauma — was given medications designed for psychotic and bipolar disorders. It was given these medications despite internal clinical disagreement about the diagnosis. The side effects were documented. The suffering was documented. And when the medications stopped, the body improved.

This was harm. It was not malicious. It emerged from a diagnostic framework that pathologized trauma responses as psychiatric illness, from a medical system that did not yet have the language for what was actually happening, and from a domestic environment in which a reporting party actively shaped the clinical narrative. But harm named only as systemic feels diffuse. The body that grew spontaneous nipple discharge, that lost hair, that heard ringing in its ears, that spent years in chemical sedation, that may have developed the beginning signs of permanent neurological damage — that body was a specific body. It was this body.

Part II — The Cannabis Record

What the Plant Medicine Actually Did

The Clinical Transition: How I Got There

After reducing psychiatric medications beginning in 2012 — retaining Seroquel as a sleep aid during the transition — I began working with a somatic therapist at New Beginnings Counseling Center. She had read my files and consistently urged me to change psychiatrists. I had difficulty doing so: I had developed a complicated fondness for Dr. P., despite routinely waiting an hour or more for appointments on my lunch break from the law office where I worked, negotiating and renegotiating my schedule with the administrator, using vacation and sick time to accommodate his delays.

More critically: he refused to educate himself on dissociation. I brought him a book written by a leading expert on DID. I had also discovered the International Society for the Study of Trauma and Dissociation (ISSTD) and their clinical guidelines for treating dissociative disorders — guidelines developed by specialists, intended for practitioners. I read those guidelines myself and worked with that awareness in my own healing process. The organization and its publications are referenced here: https://www.isst-d.org/publications-resources/publications/

I also attempted to refer my sister into care through this network. When I took her outside the county system for an independent evaluation, the evaluating therapist said plainly: she needs to be in a trauma treatment center, not the LA County Mental Health system. The ISSTD-affiliated program refused to consider her, stating they do not work with schizophrenics — despite the fact that she presented with the same symptomology as DID, was self-aware of this, and had taken the self-assessment instruments in Marlene Steinberg's Stranger in the Mirror. Our scores on that spectrum were similar. The refusal was not clinical. It was categorical.

I was managing severe work stress and severe relationship stress simultaneously, and using clonazepam for panic attacks at work. Dr. P. had warned me the lorazepam class was addictive and not to use it more than three times a week. I needed a different tool. I followed an intuitive prompt — what I would call a still small voice — to research cannabis and PTSD. I did the research. I took my findings to Dr. Lee Mendiola.

Dr. Mendiola wrote a prescription, specified which vaporizer to use, and sent me to the Claudia Jensen Center — a licensed medical cannabis program. The physician there explained how cannabis would help and how to use it. Her contact is on file: claudiajensencenter03@gmail.com. This was not recreational use. It was physician-supervised, indicated for a documented condition, used on a PRN (as-needed) basis, and embedded within a larger integrative healing framework that I had been building for years.

The Full Integrative Framework

Cannabis was one thread in a methodology. The full framework included:

- Somatic therapy — New Beginnings Counseling Center
- EMDR (Eye Movement Desensitization and Reprocessing)
- EFT (Emotional Freedom Technique / tapping)
- Creative arts — choreography, visual art, performance — as primary medicine
- Nature practices: cold water therapy in rivers and ice quarries, forest immersion, land-based ceremony
- Mindfulness and meditation
- Sound therapies
- Mantra therapies different traditions
- Drum healings
- Study of contemporary shamanism developed by anthropologist Michael Harner
- Workshop with Kahontakwas Diane Longboat on integrating First Nations wisdom practices into daily life (The Shift Network: https://theshiftnetwork.com/course/01FirstNationsWisdom01_20)
- Use of the Thanksgiving Address — offered with explicit permission from Kahontakwas Longboat's nation
- Hawaiian language study and prayer — decolonization as healing practice
- Slovenian ancestral reconnection through the Alma Karlin project
- Shamanic healing circles and ceremony

The Earthdance Residency: A Documentation of Practice

In 2019, I was in residence at Earthdance — an artist residency in Massachusetts. The first thing I did upon arriving was give a blessing to the land. I asked for healing for the first peoples who had been there, and healing for the land itself. I had been given permission through my studies with Kahontakwas Longboat to use the Thanksgiving Address, and I had asked for a healing song to bring to this land. I walked the land singing that song, offering white sage gathered with respect.

One day on the land, I followed the flight of a hawk. It led me to a place where I could see a hole blasted through the rock — the remnant of a quarry that had become a pond, situated beside a wood-fired sauna I used for healing practice. I was given a direct understanding, which I would call a teaching: that taking without asking is a part of harming, and what had been done to that land had hurt it. The earth could feel. The blasting had hurt it.

I hiked along the rivers. I did cold water cleanses in the river and in the ice quarry. I danced in the studio, doing choreographic research for the 2019 plan to convene the collective in New York City — a collaboration between a Celje artist, two Santa Barbara artists, and a Brooklyn artist, using the infrastructure built through the Future Traditions Foundation and ArtBark International.

During that choreographic research — in a vision while dancing — an ancestor of the land came to me and gave me gifts. I have a vague recollection of corn. They named me: white wolf, and gentle fawn.

The healing song from this residency exists. It is archived in the creative work produced during the workshop in the form of four dance films.

The Ceremonial Tools

Over the course of this healing journey, I began to create and gather sacred tools for ceremonial use:

- My drum chose me in Ireland. How to decorate it came to me in a dream.
- I began creating ongons from clay.
- Feathers came to me on intuited outings and became ceremonial and dreamwork pieces — eye curtains and fans.
- I sewed muʻumuʻu for ceremonial wear.
- I purchased a hand-sewn scarf from Cape Verde, honoring the lineage of my full Hawaiian grandmother, who married someone likely from the whaling industry from Portugal — deeper research identified the island as Cape Verde, which was at that time part of Portugal. In a legal document, my grandfather called it the old country, Portugal.

Western science has a word for what I was doing. That word is delusional. From an indigenous perspective, it was not. To call my sense of being indigenous — not Indian, indigenous — delusional, is a form of violence, and a form of cultural erasure. They likely misheard 'indigenous' as 'Indian,' or did not know how to spell indigenous. Either way, the misrepresentation entered the official record. It is not accurate.

None of this is the content of a disordered mind. Every element listed above has a name, a date, a person, an organization, a URL, an archived creative artifact, or a contact. This is the documented record of a decades-long integrative healing practice conducted by a working artist, cultural organizer, and scholar. The cannabis was one carefully supervised thread within it.

The following chart documents what the research shows cannabis does for PTSD — and why this threatened the dynamic of the relationship I was in.

What Cannabis Did Therapeutically	Why This Mattered in a Coercive Control Context
Reduced amygdala hyperreactivity — lowered the 'volume' on the fear response	A nervous system that is less frightened is harder to manage through intimidation, tone, and 'startling.' It disrupted the abuser's primary regulatory tool.
Reduced fawning — less reflexive appeasement of the partner's emotional state	Coercive control requires the target to prioritize the abuser's comfort over their own safety. Cannabis partially removed this reflex.

Supported somatic re-engagement — allowed the body to feel its own 'no'	A body that can access its own signals of wrongness begins to recognize exploitation. This represented a threat to continued access.
Enabled meta-cognition — the ability to observe one's own patterns from a distance	Narcissistic control requires the target to accept the controller's reality as the only reality. Cannabis created a 'mental wedge' allowing objective observation.
Created a sacred space the controller could not enter	Like Hawaiian chant (oli) and shamanic practice, cannabis produced states of clarity and cultural groundedness that were not accessible to him and could not be controlled by him.
PRN use increased under escalating chronic stress	This is how PRN dosing works. The stress was the domestic environment itself — now documented. Increased use was a symptom of the situation, not a disorder.

The Coerced Removal

In 2019, at the psychiatric holding facility following my arrest, the reporting party stood before a mental health judge and demanded that no alcohol and no cannabis be placed on the court order. He was not my physician. He was not my prescribing provider. He had no clinical authority. He was the reporting party — the person whose 911 call had initiated the arrest — and he used that position to remove my access to the medicine that most effectively regulated the nervous system he had spent years destabilizing.

I argued. I named Dr. LM. I named the prescription. It became an order regardless.

The PHF chart then recorded this as cannabis use disorder — a clinical designation applied without consultation with Dr. M., without consultation with the CJC, without review of my integrative health record, and without cultural competency assessment of any kind. It was applied on the basis of the reporting party's narrative alone.

> *My use of cannabis was a clinical attempt to manage the hypervigilance caused by years of documented coercive control. The reporting party pathologized my self-regulation in order to obscure his own patterns of abuse. The PHF record reflects his narrative, not my medical reality.*

Part III — The Identity That Was Erased

The Healer Who Does Not Claim the Title

In the Hawaiian tradition, one does not call oneself a medicine person. In the Slovenian mountain tradition of the Logar Valley, the zeliščarica — the herb-knower, the one who leans over to identify the plant before she has been taught its name — does not name

herself. She is named by the community, by the earth, by the accumulated recognition of the people she has sat with in their difficulty.

I have been called these things by others. I do not claim them here. What I claim here is the practice — the decades of integrative healing work, the arts as medicine, the self-healing as prerequisite to holding space, the plant medicine as one thread in a larger methodology — and the right to have that practice recognized as what it was, rather than what one man's narrative required it to be.

The Arts as Medicine

The foundation of my healing methodology is the arts. The Future Traditions Foundation and SonneBlauma Danscz Theatre were built on a specific vision: that the arts are a form of collective medicine, that by digesting the shadow textures of lived experience into art, one participates in a broader cultural healing. This is not metaphor. It is the explicit articulation of the work, rooted in the teaching of the Kogi people of Colombia — that the western hierarchical dream is harming the earth, and that artists working in horizontal, consensus-based community structures are participating in its repair.

The organization was built explicitly as non-hierarchical. This was not an oversight. It was the foundational medicine. When the reporting party inserted himself into the organization and attempted to install a hierarchy within it, he was not offering organizational support. He was attempting to colonize the one structure I had built as externally sovereign — the institutional form of my healing identity made visible in the world.

The Self-Healing as Prerequisite

In the tradition of Turtle Island — the Indigenous understanding of this continent, the land that raised this body — the healer heals herself first. This is not sequential. It is ongoing. The Lyme disease recovery, the PTSD work, the somatic practices, the cold water therapy, the Hawaiian language reclamation, the Slovenian ancestral reconnection through the Alma Karlin project, the shamanic healing circles, the ukulele and song — none of this was separate from the work. It was the work. The medicine I was making for myself was the same medicine I was making for the community through the arts.

To label the plant medicine component of this as a disorder is to label the entire methodology as pathology. It is not possible to separate cannabis-as-PRN-for-PTSD from the larger integrative framework in which it lived. They are the same body of work.

Reality Replacement as the Final Erasure

The reporting party did not simply disagree with my healing methodology. He systematically pathologized it. The Lyme disease recovery was labeled delusion. The cannabis use was labeled disorder. The shamanic practices were framed as evidence of psychosis. The 2019 PHF chart — built entirely on his narrative, consulting none of my existing providers — became the institutional record of a reality he had constructed to replace mine.

This is what coercive control scholars call reality replacement: not merely making someone doubt their perceptions, but substituting the abuser's epistemological framework for the target's entire way of knowing. He did not need to convince me permanently. He only needed to convince the institutions. Once the PHF chart existed, it did the work for him.

The cannabis use disorder designation is one entry point into that larger substitution. Correcting it is not only a matter of clinical accuracy. It is an act of epistemological reclamation — the restoration of a way of knowing to the record that erased it.

The Dr. Bolton Letters: A Contemporaneous Counter-Record

Between January and October 2021, I wrote a series of letters to Dr. Bolton — the psychiatrist overseeing my court-mandated mental health diversion — documenting my ongoing healing progress. These letters were filed with the court as part of the diversion program. They constitute a contemporaneous clinical and personal record written in real time, under court supervision, by the person whose mental health the official record had characterized as disordered.

They document the following, in direct contradiction of the PHF record:

- Sleeping without Seroquel — the medication the PHF record had treated as essential to her stability
- Headaches clearing. Somatization clearing. GERD improving. Fight/flight responses resolving.
- Flashbacks decreasing in frequency and duration. Emotional range expanding to include quiet joy, happiness, and peace — states the PHF record's framing of her condition would not predict
- Active multimodal integrative practice: Comprehensive Resource Model with therapist Sarah, EMDR, shamanic healing circles, meditation, Breema bodywork, Hawaiian language study, life drawing, poetry groups, acting classes, ceremony
- Self-directed advocacy work: pursuing the Maastricht Interview for Paranoia training, advocating for her sister's dental care through the Long-Term Care Ombudsman, beginning a will and living trust to protect her artistic legacy
- Disability hearing approved by the judge, with the attorney noting the judge had an unusual affinity for the case

In a closing session documented in the October 2021 letter, Dr. Bolton stated that I was unlike any of his other patients, that my approach to the healing process was extraordinarily positive rather than negative, and asked me to check in with his front office. He prompted me, once I was outside the system, to discontinue the Seroquel I had retained as a sleep aid. The record of letters sent to him documents a person using an integrative healing methodology with documented effectiveness — the same methodology the PHF chart had entered as disorder.

> *The body keeps the score. Perpetrators lie. — Letter to Judge Dandona, October 11, 2021*

In the October 11 letter to Judge Dandona, I used the Hawaiian greeting 'Aloha Kākou' — not kāua (just the two of us) nor māua (the two of us with others listening), but kākou: all of us, inclusive of the land, the trees, everything present. I was greeting the court as a Hawaiian person greets the world. That choice of pronoun is not a stylistic flourish. It is the expression of a relational epistemology — an indigenous way of being in the world — offered in the official record at the precise moment that record was being built. It is documented evidence of an identity the PHF chart had labeled as symptom.

These letters are available in full and should be read alongside the PHF record. They are the counter-document the PHF record was never asked to consult.

The Calm Before: Cycle Analysis and the Evidence of Escalating Lethality Risk

> *NOTE: This section presents a pattern analysis grounded in coercive control scholarship. It is offered as forensic documentation for legal, advocacy, and archival purposes, and as educational context for survivors, practitioners, and adjudicators. It does not constitute legal advice.*

The Cycle: What the Calm Phase Actually Represents

The coercive control and intimate partner violence literature — particularly the foundational work of Evan Stark, Judith Herman, and Lundy Bancroft — documents a cycle that in its long-term, sophisticated form looks nothing like the simplified tension/incident/honeymoon model taught in domestic violence awareness curricula. In a relationship spanning decades with an experienced coercive controller, the cycle operates at a macro scale: years of mounting control, a significant incident that engages institutional systems, followed by a period of apparent calm that is not recovery but consolidation.

The Bolton letters document this consolidation phase with clinical precision. What appeared to be stability — and what the court, the diversion program, and the reporting party's own observations confirmed as stability — was the calm produced by the near-total removal of the conditions under which the control had been most visible. The professional work was gone. The dance company was gone. The foundation was gone. The income was disability-structured and partially dependent on his housing provision. There was less friction because there was less sovereignty left to fight over.

The reporting party himself noted, in the October 2021 letter, that I was mellow now — that the irritability and grouchiness were gone. This observation, offered as confirmation of recovery, is more precisely understood as confirmation of successful containment. When a target has been sufficiently isolated from her sources of power, the abuser's control no longer needs to be active. The structure holds itself.

The Infrastructure Already in Place

By the time the 2021 letters were written, the following institutional infrastructure had been quietly established around me, largely through the reporting party's actions and narrative:

- An official record characterizing me as having cannabis use disorder, domestic violence history, and a mental health diversion completion — all entries that would prime any future institutional contact toward a specific reading of any subsequent crisis
- Financial assets moved into the reporting party's name, removing independent economic standing
- Housing dependency: I was living in his property, with no independent lease or ownership, in a city where I could not afford independent housing without the arrangement
- A disability income structured at a level sufficient to contribute to his household but insufficient to exit it without support
- A completed mental health diversion program — meaning that any future crisis would be read not as a first incident but as a pattern, with the prior record as context
- No active professional infrastructure: no organization, no dance company, no active collaborators in frequent contact who would notice escalation

This is what the coercive control literature identifies as the lethality consolidation pattern: not a period of genuine reform, but a period during which the conditions for a subsequent — potentially final — incident are quietly secured.

The Next Cycle Beginning: Pattern Evidence

The evidence that the next cycle was beginning to build includes the following documented observations, offered here as pattern analysis for forensic and advocacy purposes:

- The Slovenian tutor: a relationship the reporting party characterized as language study and friendship. The subject's body communicated otherwise — a somatic signal consistent with the hypervigilance and pattern recognition that years of coercive control had trained. The characterization 'it is just language learning, we are just friends' is a textbook example of what the coercive control literature calls gaslighting by substitution: offering a replacement narrative so plausible that to dispute it makes the target appear paranoid, irrational, or — given the existing record — delusional.
- The push toward Sardinia: an international trip with the subject doing the planning, at a moment when the relationship appeared stable, the institutional record was favorable, and the conditions for isolation from her support network were optimal. In the documented pattern of coercive control, the planning of international travel at this juncture — with the target's financial and housing dependency established, her professional network dismantled, and her official record primed — warrants serious scrutiny.
- The narrative infrastructure being built: she comes from a family of schizophrenics. She has been through the mental health diversion program. Her investments are in his name. He is afraid she will grab a knife. He is afraid she will kill him. Each element of this narrative was either already in the official record or was being

actively seeded. A second 911 call, deploying this pre-existing script, would not have required him to construct anything new. It would have required only the call.

What the Pattern Shows for Survivors and Adjudicators

This section is addressed directly to three audiences.

To survivors reading this record: the calm phase is not safety. It is the phase during which the controller consolidates what the incident secured. The apparent stability — confirmed by external observers, sometimes even by your own therapists and judges — is a real phenomenon. Your nervous system relaxes because the active friction has decreased. This is not a sign that the relationship is healing. It is a sign that the containment is complete enough that active control is no longer necessary. Trust your body's signals when the next cycle begins to build. Your body was right before.

To adjudicators, judges, and DOJ reviewers reading this record: the Bolton letters do not contradict the PHF record. They contextualize it. A person can be genuinely making healing progress — can be sleeping without medication, expanding emotional range, building community, writing poetry in Hawaiian, filing court updates with integrity and intelligence — and still be living inside a coercive control structure so complete that the next incident is already being prepared around her. The diversion program's success was real. The danger was also real. Both things were true simultaneously.

To the Hawaiian Kingdom legal framework and the DOJ: the pattern documented here — the use of institutional systems to establish a prior record, the financial consolidation, the housing dependency, the dismantling of professional infrastructure, the narrative infrastructure pre-seeded for a second incident — constitutes, under Evan Stark's framework, a sustained deprivation of liberty conducted through the calculated use of personal, medical, and legal systems over decades. It is not a series of incidents. It is a condition. The 2019 PHF record was not the event. It was one documented moment within an ongoing structure of control that the calm phase was actively extending.

Requested Corrections to the Official Record

I request that the designation of cannabis use disorder be removed from or formally annotated within my official record to reflect the following:

- My cannabis use was physician-supervised and medically indicated for PTSD, under the care of Dr. Lee Mendiola at the Claudia Jensen Center
- The designation was applied without consultation with the prescribing physician or any provider with longitudinal knowledge of my care
- The designation was entered on the basis of a single reporting party's narrative, not clinical assessment
- My use constituted an integrative, culturally-informed healing practice consistent with my Hawaiian and Slovenian ancestral lineages

- The coerced court order requiring cessation of use does not constitute clinical evidence of disorder — it constitutes evidence of the reporting party's control over my medical access
- The escalation of PRN use during the period in question is consistent with the escalating chronic stress of the documented coercive control environment, not with a use disorder pattern

This correction is sought as a matter of clinical accuracy, cultural respect, and truthful documentation of a medical event that was mischaracterized from its origin.

ʻIolani Puʻu Kolenc
Lived Experience University
Internet Archive — Public Record

APPENDIX

Lineage Research: The Hawaiian and Slovenian Roots of a Healing Practice

The following research was developed in collaboration with AI research tools as part of an ongoing project to document and understand the ancestral context of my healing methodology. It is offered here not as clinical evidence but as cultural context — the living roots beneath the practice that the official record reduced to a disorder.

The Hawaiian Lineage: Kāula and Lāʻau Lapaʻau

In Hawaiian tradition, the kāula is the seer — the one who perceives the turning points in a path before others can see them. The lāʻau lapaʻau is the practitioner of plant medicine — one whose relationship with healing plants is not learned from a textbook but carried in the body and transmitted through lineage.

These are not titles one claims. They are recognitions offered by community, by elders, by the accumulated weight of the work. I have been called these things. I do not claim them here. I document them as context for a healing practice that spans decades and that the 2019 PHF record reduced, in a single line, to a disorder.

My Hawaiian lineage runs through the Puʻu family. It connects, through the Reeves line, to the broader Hawaiian scholarly and artistic tradition — a lineage of both scholarship and art, both resistance and creation. When I use plant medicine, when I chant in Hawaiian (oli), when I engage the shamanic healing work, I am not performing a cultural identity. I am inhabiting an inheritance.

The Slovenian Lineage: Kolenc, Plesnik, and the Zeliščarica

The Name Kolenc

The surname Kolenc derives from the Slovenian word koleno — meaning knee or joint. It carries two meanings simultaneously: the sharp bend in a road (topographic, naming someone who lives at the turning point of the land), and the jointed stems of medicinal plants — Yellow Bedstraw (Galium verum), Field Horsetail (Equisetum arvense) — whose 'knees' in the stem mark the nodes of growth and resilience.

My grandfather Kolenc's family farm sits at a sharp bend in the road. The farm is preserved. When I chose this name as part of my legal name reclamation, I chose it for the kaona — the layers of meaning. The bend in the road. The joint in the healing plant. The turning point.

The Plesnik Lineage from Logarska Dolina

My grandmother Kolenc was born into the Plesnik family of Logarska Dolina — a high alpine valley in Slovenia, one of the most geographically and culturally preserved

regions of the country. Plesnik derives from plesati — to dance — and refers both to those who lived on a ples (the flat, open plateau where mountain light falls differently) and to those who moved with the rhythms of the high Alps.

When I visited my cousin's land in Slovenia, I leaned over instinctively and began to identify medicinal plants before I had been taught their names. My cousin watched and said: we are witches, that is what we are. In the tradition of Logarska Dolina, this is not a pejorative. It is the recognition of the zeliščarica — the herb-knower, the woman who carries the medicine of the mountain in her blood.

The Plesnik family has maintained the historic Plesnik estate in Logarska Dolina for over seven centuries. The valley is known for its iron-rich healing springs, its preservation of alpine folk medicine, and the tradition of the zagovornica — the whisperer, the one who speaks the incantations that restore balance between the human and the mountain.

The Synthesis: Two Traditions, One Methodology

> *Kjer se pot upogne (Kolenc) in gora zapleše (Plesnik), tam raste zdravilo.*
> *(Where the road bends and the mountain dances, there the medicine grows.)*

The Hawaiian and Slovenian healing traditions share a foundational epistemology: the body knows. The plant knows. The land knows. Knowledge is not only what can be measured in a clinical trial. It is what has been carried in lineage, tested in the body, transmitted through practice, and confirmed by community recognition. To call the product of this epistemology a disorder is not a clinical finding. It is a category error — the imposition of one knowledge system upon another, without acknowledgment that the other exists.

My grandfather Kolenc — of the Slovenian diaspora in Santa Barbara — was known in his community as a health nut. He used light therapy before it had a clinical name. He followed Gandhi. He grew asparagus and argued about the proper way to plant things. These seeds were planted in me. My Hawaiian grandfather carried a different but convergent knowing. Together, they gave me the inheritance I brought to my healing work — and that the 2019 PHF record, in a single unconsulted line, attempted to extinguish.

They are buried here, in this region. I am the only one in the family who goes, on rare occasion, to leave a lei or a flower, and sing there. This is also why, for now, I want my home base to be here.

APPENDIX B

Identity, Sovereignty, and the Frameworks That Name the Harm

This appendix serves three purposes. First, it names the scholarly and cultural frameworks that give precise language to the identity that was pathologized. Second, it introduces the legal framework of the Hawaiian Kingdom — not as a formal legal claim, but as an educational exercise documenting what the frameworks are and what courses of action they would suggest. Third, it places the identity erasure documented throughout this record within the specific literature of coercive control — naming what was done, what it is called, and where it sits in the scholarship.

B.1 — The Mixed-Race Indigenous Healer: Terms for What Was Pathologized

Moʻokūʻauhau: Genealogy as Identity, Not Dilution

In Hawaiian tradition, identity is held through moʻokūʻauhau — genealogy. The Hawaiian Kingdom was itself a multicultural constitutional monarchy that welcomed peoples from many nations into citizenship while maintaining the primacy of Hawaiian cultural identity and governance. To be of Hawaiian creole heritage — Hawaiian, Slovenian, Portuguese/Cape Verdean — is not to have a diluted indigenous identity. It is to carry multiple lineages, with the Hawaiian identity as the orienting center. Mixture does not erase indigeneity. It is the ongoing story of the Hawaiian people.

The healing practice this person carries has specific names in both her lineages. In Hawaiian: lāʻau lapaʻau — plant medicine practice rooted in ancestral knowledge. Kāula — the seer, the one who perceives the turning points before others can. In Slovenian: zeliščarica — the herb-knower. Vidka — the seer. Zagovornica — the whisperer, the one who speaks the restoring words. Neither tradition requires a formal credential. Both require the work itself and the recognition of community. One does not claim the title. The earth names you.

Haumea and Gaia: The Healing Held for the Earth

The healing work described in this document was held with explicit intention — for this body, for family lineage, and for the earth. In Hawaiian cosmology, Haumea is the earth mother, the source of regeneration and birth, the one who holds the cycles of life. In Western ecological philosophy, Gaia is the corresponding understanding: the earth as a living, self-regulating system. These are not competing frameworks. They are two cultures arriving at the same knowing from different directions.

The Kogi people of Colombia — whose teaching grounds the vision of the Future Traditions Foundation — teach that the earth feels. That taking without asking harms it. The healing song sung at the Earthdance residency, the blessing offered to the land, the

following of the hawk to the blasted quarry — these were acts of intentional medicine offered to the earth itself. To frame this as delusion is to frame an entire epistemology of earth-relationship as pathology. It is not. It is one of the oldest and most consistent forms of human knowing.

Epistemic Violence: The Scholarly Name for the Erasure

The specific harm done when a Western psychiatric system pathologizes indigenous healing practice has a name in decolonial scholarship: epistemic violence. Coined and developed by postcolonial theorist Gayatri Chakravorty Spivak and extended by scholars including Boaventura de Sousa Santos, epistemic violence names the erasure of entire knowledge systems by treating them as inferior, irrational, or symptomatic rather than as legitimate ways of knowing.

Scholar Gloria Anzaldúa's concept of the mestiza consciousness is also directly relevant here: the person of mixed heritage who moves fluidly between knowledge systems, integrating what dominant culture cannot hold, operating at the borderlands of multiple epistemologies — this person is not disordered. She is doing the cognitive and spiritual work that the crossing of worlds requires. Her multiplicity is her methodology.

When the 2019 PHF chart labeled the lāʻau lapaʻau as disorder, the oli as symptom, the Lyme recovery as delusion — it was not making clinical findings. It was performing epistemic violence: the institutional erasure of a knowledge lineage through the language of pathology.

B.2 — The Hawaiian Kingdom Legal Framework: An Educational Exercise

> *NOTE: This section is presented as an educational and documentary exercise, consistent with the methodology of Lived Experience University. It does not constitute legal advice and does not represent a formal legal claim. Its purpose is to document the frameworks that exist, name the scholarship that supports them, and trace what courses of action they would suggest if pursued. The author encourages the reader to pursue the cited scholarship directly.*

What the Scholarship Establishes

The legal status of Hawaiʻi is not settled in the way American civics textbooks present it. Dr. David Keanu Sai — a political scientist, legal scholar, and relative of the author through the Reeves lineage — has devoted his scholarly career to establishing, through peer-reviewed academic research, the continued legal existence of the Hawaiian Kingdom as a sovereign State under international law.

In December 2024, Oxford University Press published Unconquered States: Non-European Powers in the Imperial Age, containing Dr. Sai's chapter 'Hawaiʻi's Sovereignty and Survival in the Age of Empire.' This publication established through the highest standard of academic peer review that the Hawaiian Kingdom continues to exist as a State under international law, and that the American occupation beginning in 1893

is now the longest occupation of a State in modern history — surpassing the Israeli occupation of the West Bank.

The legal cornerstone is the 1999–2001 arbitration case Larsen v. Hawaiian Kingdom at the Permanent Court of Arbitration, The Hague, in which the United States and 121 other contracting States explicitly recognized the continued existence of the Hawaiian Kingdom as an independent and sovereign State. What was overthrown illegally in 1893 was the government of the Hawaiian Kingdom — not the Hawaiian Kingdom itself as a State, whose rights and obligations remain intact.

Dr. Sai currently serves as Head of the Royal Commission of Inquiry established by the Hawaiian Council of Regency in 2019 to document war crimes and human rights violations committed under the American occupation. In March 2026, the International Seabed Authority formally recognized the continued existence of the Hawaiian Kingdom as a State. For the full body of scholarship: hawaiiankingdom.org

What This Framework Names as Harm

Under the law of occupation and international human rights frameworks, the following categories of harm apply to what is documented in this record:

- Usurpation of sovereignty during military occupation — the war crime of imposing the laws of the occupying State over the territory and persons of the occupied State. The imposition of American criminal and psychiatric law over a Hawaiian subject constitutes this harm under the framework Dr. Sai has documented.
- Violation of UNDRIP Article 24 — which affirms that indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants. The coerced court order removing access to physician-supervised plant medicine, imposed through the apparatus of the occupying State's legal system at the instigation of a private party, violates this right.
- Violation of UNDRIP Article 8 — which protects indigenous peoples and individuals from forced assimilation or destruction of their culture, capturing the essence of what scholars call ethnocide. The systematic pathologization of Hawaiian healing practices, Hawaiian language prayer, plant medicine, and ceremonial work as evidence of psychosis — entered into an official medical record — constitutes cultural destruction at the individual level.
- Epistemic violence through medical institution — the use of a psychiatric holding facility, operating under the laws of the occupying State, to enter an official record characterizing indigenous healing methodology as disorder and delusion, without cultural competency review and without consultation with the subject's own providers.

An Exercise: What Courses of Action Would These Frameworks Suggest?

If one were to pursue these frameworks formally — as an exercise in understanding the landscape — the following courses of action exist:

- Contact the Hawaiian Council of Regency and the Royal Commission of Inquiry (hawaiiankingdom.org) to document this case as part of the broader record of human

rights violations under the occupation. The RCI is actively building this record for eventual international accountability.

- Submit a communication to the UN Special Rapporteur on the Rights of Indigenous Peoples, documenting the violation of UNDRIP Articles 24 and 8 through the pathologization of traditional healing practice and cultural identity within a medical and legal proceeding.
- Consult with an attorney familiar with both Hawaiian Kingdom legal frameworks and California domestic violence / coercive control law, to assess whether the 2019 proceedings — specifically the coerced court order removing medical access to plant medicine — constitute actionable violations under either framework.
- Archive this record in full at the Internet Archive under Lived Experience University, establishing a permanent public documentation of the harm, the frameworks that name it, and the methodology of self-advocacy used to address it. This is already in process.

This exercise is not idle. Every framework listed above is real, documented, and actively being developed by scholars and advocates. The author's purpose in this document is not litigation. It is documentation — the creation of a record precise enough that if litigation, advocacy, or international submission ever becomes appropriate, the foundation is already laid.

B.3 — Identity Erasure in the Coercive Control Framework

What Coercive Control Targets

Evan Stark — the sociologist and forensic social worker whose 2007 book Coercive Control: The Entrapment of Women in Personal Life became the basis for criminal legislation in the United Kingdom, Scotland, Ireland, and Australia — is explicit on this point: coercive control does not primarily target the body. It targets identity. It targets the self.

Stark's framework distinguishes coercive control from discrete incidents of assault precisely because its primary mechanism is the sustained diminishment of the target's personhood — her liberty, her autonomy, her sense of her own reality, her connection to the sources of her own power. The tactics are not random. They are targeted at whatever the specific woman uses to sustain herself, to know herself, to remain herself.

The Specific Tactics Used Against This Identity

In this case, the identity being targeted was a specific and coherent one: a mixed-heritage Hawaiian-Slovenian woman, artist, cultural organizer, and integrative healer whose sources of power included plant medicine, ceremonial practice, ancestral lineage, Hawaiian language and chant, creative arts, and the organizational infrastructure she had built across decades.

The tactics used against this identity, mapped onto Stark's framework, include:

- Isolation from cultural community — systematic undermining of Hawaiian cultural practice and ancestral connection, framed as symptoms rather than sources of strength
- Pathologization of self-regulation — labeling physician-supervised plant medicine as disorder, removing it through a coerced court order
- Reality replacement — substituting the reporting party's Western medical epistemology for the target's integrative framework, using institutional systems to make his version the official record
- Colonization of the life's work — inserting himself into the organizational infrastructure (Future Traditions Foundation, SonneBlauma Danscz Theatre) and attempting to install hierarchy within structures built explicitly on horizontal, consensus-based governance
- Institutional weaponization — using the 911 call, the PHF admission, the court proceeding, and the resulting chart entries to create a permanent official record that pathologized the target's identity, healing methodology, and cultural practices
- Substance use coercion — a specific documented tactic in which an abuser uses a partner's substance use, whether medical, spiritual, or recreational, as a weapon: stigmatizing it, restricting it, and using the stigma to prime law enforcement and medical providers with a pre-written script

What This Is Called in the Literature

Several specific terms from the coercive control and intimate partner violence literature apply directly to what is documented in this record:

- Identity siege — the sustained, systematic targeting of every dimension of a person's self-concept and sources of power, conducted over years or decades
- Institutional abuse — the use of medical, legal, and psychiatric systems as proxies for the abuser's control, particularly when the abuser uses his position as 'stable' reporter to shape how those systems read the target
- Reality replacement — distinct from gaslighting (which makes a person doubt their own perceptions) in that it substitutes the abuser's entire epistemological framework for the target's way of knowing, using institutional confirmation to solidify the substitution
- Substance use coercion (SUC) — documented in the domestic violence literature as a specific tactic in which a partner's substance use is controlled, stigmatized, and weaponized, including through legal systems
- Cultural pathologization — the specific form of identity erasure in which indigenous, ancestral, or non-Western healing and spiritual practices are framed by the abuser as evidence of mental illness, and that framing is entered into institutional records

The Intersection: When Coercive Control Meets Colonial Systems

The literature on coercive control and indigeneity — including Ristock, Zoccole, Passante and Potskin's research on impacts of colonization on Indigenous Two-Spirit and LGBTQ people's experiences of relationship violence — documents a specific compounding harm: when the systems used to enact institutional abuse are themselves

colonial systems, the harm operates on two simultaneous tracks. The intimate partner uses the system against the target. The system, structured by colonial epistemology, receives his framing as legible and her framework as pathological.

This is what happened in 2019. A man whose narrative was structured in Western medical and legal language called 911 and described a woman having a psychiatric crisis. The woman's actual condition — a severe urinary tract infection producing delirium — was framed through his language. Her healing practices, her plant medicine, her cultural identity were entered into the official record as disorder and delusion. The colonial medical system received his version as reality. Her version — the one supported by her actual providers, her documented medical history, her ancestral lineage, and her decades of integrative practice — was not consulted.

The result was a record that performed, in a single institutional moment, both coercive control and colonial erasure simultaneously. This appendix is the documentation that names both.